



Office of Space and Facilities Management (OSFM)

*A Framework for providing timely, cost-effective facilities
services in support of NCI's research priorities*

OFFICE OF SPACE AND FACILITIES MANAGEMENT (OSFM) NATIONAL CANCER INSTITUTE

Executive Summary

In 2000, the Office of Management initiated a results-based management program designed to improve operations, remove barriers to success, and enhance overall all service to the NCI. The initiative resulted in the following two overarching goals:

1. Remove Barriers and Improve the Integration Between the Science and Administrative Management Functions at NCI, and
2. Dramatically Improve Office of Management's Product and Service Outcomes.

This plan, outlining goals, performance measures, and strategies for the Office of Space and Facilities Management (OSFM), supports the OM goals by addressing important space and facilities issues facing the NCI. Since we are a people-intensive Institute, relying on our talented, diverse workforce to accomplish our mission, we must ensure that those important assets have facilities conducive to accomplishing our mission.

Our three goals provide comprehensive coverage of major NCI space and facilities management issues. We have addressed:

- Decision-making and management approaches for space and facilities
- Quality, timeliness, and satisfaction issues
- Long-range planning requirements

These goals, when accomplished, will significantly contribute to achievement of the OM overarching goals. Our goals, strategies and measures are summarized on the following pages:

Goal 1 Strengthen the Decision-Making and Management Approaches for Space and Facilities Initiatives

Strategies:

- Implement a space management system for tracking space allocations, temporary loans, requests, and future needs.
- Develop an NCI Facilities Master Plan.
- Develop comprehensive space and facilities budget and financial “picture” - include 3 year cost projections for all facility and renovation requirements, including NIH, OSFM, Frederick Campus, Navy Inter-agency agreement, and NCI division data.
- Implement process for tracking and monitoring facility and renovation costs.
- Rationalize the process for requesting and approving requests for space

Performance Measures:

1. Achievement of punctuated measures:
 - The Space Management and Accounting System is implemented
 - An NCI facilities master plan is developed
 - A comprehensive space and facilities budget/financial picture is developed
 - Process for tracking and monitoring facility renovation costs is developed and implemented
 - Process for requesting space is automated and available to NCI decision-makers
 - Standards for space allocations are developed
 - Appropriate delegations of authority for space and facilities are implemented
2. Acceptance of delegated authority and standards
3. Space and facilities decision-making rationality, timeliness and consistency with master plan
4. Customer satisfaction with our processes and end products

Goal 2 Deliver State-of-the-Art Facilities on Time and Within Budget and Operate Them Efficiently to Conserve Resources for Research

Strategies:

- Improve on-time performance and consistency of services
- Improve Customer Communications

Performance Measures:

1. Achievement of our punctuated measures:
 - SFM/FPB Operations Manual is developed
 - Project scheduling database is implemented
 - Quick response mechanism for outsourcing is in place
 - Performance-based contracts are routinely used
 - Architecture engineering and design standards are developed
 - Roles and responsibilities are clearly defined
2. Project performance based on budget and schedule
3. Number of post-commencement changes
4. Customer satisfaction with our processes and end products

Goal 3 Position NCI to Meet Future Mission Needs for State-of-the-Art Facilities

Strategies:

- Standardize our own internal procedures and refine our decision-making and information support functions so that OSFM is positioned to support expanded facilities.
- Develop and submit for approval a long-range space and facilities plan for NCI
- Develop a comprehensive implementation plan
- Implement long-range space and facilities plan
- Prepare for and execute strategy for on-going operation of new facility

Performance Measure:

1. Achievement of our punctuated measures:
 - Internal procedures for full-range of facilities management are developed
 - Long-range space and facilities plan is developed and approved
 - Comprehensive implementation plan is developed and approved
 - Long-range space and facilities plan is implemented (FY 03-FY 05)
 - New facility arrangements are operational and supported (FY 2005)

Achieving these goals will require a coordinated effort with all OM organizations that are involved in the space and facilities planning and management processes. Finding creative ways to position the branch for the changes that lie ahead will require teamwork and an attitude of partnership.

In particular, we will need support from the ARCs. Many of our strategies are contingent upon seamless delivery of space and facilities management services. The Research Contracts Branch will also play an important role as we negotiate contracts that are more performance-based. We also need to streamline our own processes so that we have adequate time and resources to work on more strategic issues and to improve our communications so that disruptions and frustrations are minimized.

The following pages outline, in more detail, the situation confronting NCI and our plans to addressing pressing current and future space and facilities management needs. The included performance measures convey a sense of purpose and accountability that we take very seriously. We are confident in our abilities to accomplish our goals and serve the needs of NCI and the community that it serves.

The National Cancer Institute

OFFICE OF SPACE AND FACILITIES
MANAGEMENT

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INTRODUCTION

When the United States Congress and American people learn about National Cancer Institute (NCI) accomplishments and achievements, they typically do not think about facilities. Yet if we did not have adequate facilities, success would be significantly more difficult, if not impossible, to achieve. Providing and supporting those facilities is not as easy as it may appear – NCI has experienced rapid growth in recent years, is located in a geographic area that has experienced rapid growth, and has special needs and requirements that are not easily met.

The table below summarizes our major activities

OSFM Activities and Contact Points		FY 2001 Estimates
Total Number of NCI Buildings and Facilities	Bethesda Area NCI Frederick	20 104
Concurrent Renovation Projects Since 1998 48 renovation projects, totaling 86,000 square feet.	Executive Plaza	24 phases
	Building 31	8 phases
	Building 82	1 phase
	Building 37	6 phases
Handyman Projects		34
Analysis Projects	Space Planning Studies	15 studies
	Market Research	On-going
	Standards Development	On-going
Relocations		> 650 NCI staff in past 24 months
Points of Contact	ARCs and Administrative Officers	32
	Customers/End Users	300
	Division and Program Directors	45
	NIH-Office of Research Services	12
	Property Owners	16
	Architectural/Engineering/Construction	48 (6 companies)
	Construction Contractors	16 (2 companies)
	Vendors/Suppliers	20
	Other Government Agencies	12
<i>Total</i>		> 500
Total OSFM Staff		11FTE 6 Construction Managers

This plan describes, at a high level, the NCI facilities situation today and how it might look in years to come. It includes a “roadmap” for achieving the desired future state and outlines associated general and specific performance goals, measures, and strategies.

OSFM MISSION

Office of Space and Facilities Management (OSFM) provides comprehensive services in all areas of space management, space acquisition, and design, renovation, and construction of space. Our intent is to make the planning process more efficient and timely and be innovative in obtaining contracts/contractors that can be responsive, timely and cost-effective.

Our specific responsibilities include:

1. Acquires and manages real property assets in support and furtherance of the NCI mission;
2. Coordinates NCI acquisitions for space and facilities;
3. Develops and maintains the NCI Space Master Plan;
4. Manages the NCI Construction Grants Program;
5. Manages and monitors all assets and costs associated with NCI facilities, leases, utilities, space and renovations/construction;
6. Provides daily support to facilities in the area of operations and function through the Facility Planning Branch.

ISSUES AND OPPORTUNITIES

Life Today – An Assessment of Major Facilities Issues

In establishing our goals, we conducted a situational assessment to identify and evaluate internal and external factors and trends that would likely effect our future direction. We used results from a recent customer satisfaction survey and directly contacted a limited group of stakeholders. As part of the planning initiative, we conducted facilitated sessions with all OSFM staff. We also identified related issues and initiatives described in a variety of other documents and management studies. Sources included:

- OSFM managers and staff
- Stakeholders
- NIH goals related to space and facilities management
- Prior NIH management reviews conducted by Arthur Anderson
- Summary notes from Future State Workgroup meetings (June 1999)

This comprehensive review provided input necessary to ensure that our goals address significant issues and are consistent with the strategic direction of OM, NCI, and NIH. Major issues are summarized in the following pages.

Major Challenges

We are responsible for ensuring that our workforce has comprehensive, high-quality, cost-effective facilities in which to accomplish their mission. Given the complex demands associated with provisioning a scientific organization, we are proud of what we accomplish on a daily basis. We have made good progress in addressing many of our internal issues and continue to innovate and experiment with new and improved ways of doing business.

At the same time, NCI is confronted by numerous space and facilities challenges that require attention and have significant implications for our organization. The following paragraphs characterize some of the challenges and present the context within which we developed our goals, measures, and strategies that will guide the OSFM in the coming months and years.

Growth and Expansion: As an Institute, we have expanded rapidly and taken on increasing responsibility for meeting our own space and facilities requirements. The number of buildings, locations, and facilities has grown rapidly. Our origins as a closely-knit organization located on the NIH campus have long since been uprooted as we acquired space at six distinct locations from the Bethesda area to our NCI-Frederick presence. This geographic dispersion has created stresses in terms of communication, interaction, exchange of intellectual ideas, integration of science and administrative operations, and many others. This growth is likely to continue in the foreseeable future.

NIH "Citizenship": The NIH, as well as NCI, is experiencing rapid growth and challenges in accommodating space and facilities requirements for its many institutes and centers. Ensuring that our needs are met within the greater construct of NIH space and facilities plans will present significant political and cultural stresses. This issue is discussed in more detail on page 4 under NIH FY2002 Annual Performance Plan.

Federal Policies and Procedures: Federal personnel rules, regulations, and approaches continue to rapidly evolve and change. Such changes sometimes have significant implications for space and facilities management. Furthermore, significant changes are taking place within NIH and at the Department of Health and Human Services that may impact our latitude, flexibility, and options in the future.

NCI Resource Allocation and Decision-Making Approaches: NCI employs talented, intelligent employees and managers. Their national and inter-national reputations have enabled them, in previous positions outside the NIH, to exercise considerable discretion and latitude regarding managing their resources. Laws, regulations, and other public sector constraints, however, bind NIH. Sometimes, meeting the space and facilities planning needs of such a demanding workforce is challenging. Decisions often are not made based on best business practices. Demands that require delicate handling are often made and expectations for

compliance are high. In this environment, providing space and facilities that meet their needs and requirements is extremely challenging.

Service Delivery Approaches: The de-centralized approach that the Office of Management uses for providing its services, while successful in some cases, is experiencing “growing pains” that result in service delivery challenges and potentially impact our customers. Some Administrative Resource Centers (ARCs) have excellent working relationships with their customers while others do not. Coordinating moves and renovations often becomes extremely challenging because of the many involved players. Many “spin off” issues result, including customer frustrations, delays, coordination problems, need to over-communicate information, and other potential obstacles.

Internal Challenges: One of our most pressing challenges involves our own structure and operations. Since many space and facilities responsibilities have traditionally resided in centralized NIH organizations (Office of Research Services, or ORS), we have typically served a liaison role – working with ORS to meet NCI space and facilities requirements. Consequently, we are small and rely on informal procedures and approaches – this approach has been adequate because space and facility responsibilities have been minimal and incremental. The greatest challenges in the coming months and years will be to adopt a corporate approach and culture within OSFM so that we can accomplish the strategic goals outlined in the following pages.

NIH FY 2002 Annual Performance Plan – Space and Facilities Goals

NIH has established a long-term goal to:

“Secure facilities for research that are modern, efficient and safe”

This goal is addressed through activities and resources directed along two principal efforts:

- 1) The Intramural Modernization and Improvement Program, and
- 2) The Extramural Assistance Program.

The Intramural Modernization and Improvements Program manages NIH’s capital assets and is integral to the success of the intramural research program in achieving its research goals. The program is the product of a systemic process of interactions between the facility planning, programming, design and construction components of the NIH and the various Institutes and Centers on the NIH campuses. For fiscal year 2002, NIH has established the following goals to support intramural research:

- Ensure facilities are in compliance with applicable facility planning, programming, design, construction, environmental, and other regulations to provide safe, functionally adequate, energy efficient facilities in which state-of-the-art biomedical research can be conducted
- Ensure facilities comply with research and accreditation guidelines that can sustain peer reviews and reflect NIH’s commitment to excellence as the world leader in bio-medical research

- Continue facility renovation, improvement and new construction projects in response to current and emerging research requirements, and technological advancements
- Enhance operations and utilization of intramural facilities and the availability and reliability of campus-wide utility distribution systems and supporting equipment
- Improve efficiency and effectiveness of the NIH Real Property Inventory

Specific performance goals related to these major program goals were established and relate to various building construction and renovations initiatives.

NIH's Extramural Assistance Program focuses on supporting the biomedical research at the nation's colleges, universities, medical schools, hospitals, and other research facilities. The goals of this program are to:

- Respond to requests from the extramural research community for financial assistance in undertaking research facility modernization and construction
- Conduct critical reviews to ensure that the construction of such facilities are safe and appropriately designed to enable the conduct of high quality research

Under the program, construction grants for extramural research facilities support the costs of design, renovation and construction of non-federal basic and clinical research facilities. Grants are awarded on a competitive basis and applicants must ensure the availability of matching funds for the project. After a grant is awarded, NIH must approve the construction design before construction can begin, and may conduct site visits to review progress.

OSFM coordinates with NIH on space and facilities issues and in some areas, operates under delegated authority to manage certain operations directly. For example, NCI has received delegated authority to manage NCI off-site renovations in leased facilities, renovations in building 31 and has oversight for renovations the building 37 complete retrofit. In addition, we represent NCI in major renovation projects that are funded by NIH. We also manage the NCI construction grants program.

The goals we have established are consistent with and support NIH's major goals. Our goals address the key issues of:

- Effective decision-making and management
- Efficient use of resources
- Long-term planning to meet future research needs.

Customer Feedback

Our customers characterize the Office of Space and Facilities Management as an organization that is clearly in transition. Many stakeholders voiced major concerns about the services provided, but many were also optimistic that OSFM has begun to address their concerns. One respondent noted that some operational problems have related to the “shakedown period” for a new boss and a relatively recent reorganization. Others pointed out that the stress of numerous renovations has strained our traditional “hands-on” approach. It is telling that stakeholders with more recent dealings were quite positive and complimentary in their remarks while those without recent experience were more negative. All seemed to agree that OSFM staff tries hard to provide good customer service. Some commented that putting new management systems in place would enhance OSFM efforts by:

- Controlling workload,
- Encouraging better communication among OSFM staff-members,
- Permitting better follow-up with customers, and
- Dealing with issues before they balloon into big problems.

Stakeholders contacted through a telephone survey included ARC staff, program officials, as well as organizations that provide service to OSFM. Comments ran the gamut from a high degree of satisfaction to long litanies of grievances related to specific experiences with OSFM staff. Common themes include the following, OSFM:

- Has a helpful hands-on approach, but they are getting too big to have everyone involved in everything.
- Has hired some new people who are making them more responsive.
- Needs to improve their contract management. Keeping on schedule is a problem.
- May need more authority to be responsive to customer needs.
- Needs to clarify roles and responsibilities within OSFM. Getting this information out on the web is helpful
- Should promise less and deliver more.
- Needs to get back to people and give more accurate information.

On a scale of 1 to 10 (ten being the best score) stakeholders were asked to rate overall performance. The average OSFM rating was 6.4. A couple of specific comments help put this rating in perspective:

“If they do what they say they are going to do, they are capable of higher ratings. They have the intellect. They need better organizational and people skills.”

“They are working hard to improve their services. I feel positive about their plans and feel that they are moving in the right direction. I would rate them higher, but the plans must translate to results before I would up the rating.”

Facilities in the Future – A Vision of Life As It Could Be

The challenge before us is to build and continually enhance an infrastructure that will allow the scientific community to apply new discoveries and emerging technologies. We need mechanisms that will promote and reward innovative thinking, the cross-fertilization of ideas among disparate scientific disciplines, and enhanced collaborations among government, academia, and industry.

[NCI Plan and Budget Proposal for FY 2002]

One mechanism that plays a significant role in supporting cancer research is the physical facilities. NCI currently has facilities in six primary locations throughout Washington and Frederick. Many of the facilities are overcrowded and lack flexibility to accommodate changing technology making it increasingly difficult for our scientists to work proficiently. NCI needs state-of-the-art facilities that can support their critical research in an atmosphere that fosters collaboration and a cross-fertilization of ideas. To the extent that facilities planning can accommodate these goals, we want to plan effectively, and create the mechanisms that will support this vision for the future.

Planning for the future requires us to look at the facilities we now have, the growth we anticipate, and the science we use; and model this data into a plan of action that reflects NCI's vision for the future.

Optional Future States

Centers of Excellence Model

This model would highlight cutting edge research groups, co-locating specific groups or disciplines to provide specialized ‘Centers’ of activity. Centers of Excellence could be located at Frederick (Animal Breeding and Drug Screening/Production), NIH (Clinical), and at the new campus (Bioinformatics, Molecular/Structural Biology, and Population Studies: Epidemiology, Prevention, Cancer Control). By co-locating similar research disciplines, it would optimize the interaction within the discipline, and provide a magnet of excellence for drawing new researchers together.

Specialized Program of Research Excellence (SPORE) Model

Rather than co-locating specific disciplines, the SPORE approach co-locates all disciplines working on a common question or issue...or in cancer research, those working on a specific organ that cancer attacks. This vision focuses on moving science quickly from the lab to the clinic, recognizing that new ideas come from the intersections of the disciplines. SPORE groups would address therapy, diagnosis/prognosis, early detection/screening, risk assessment, and prevention. Infrastructure activities supporting SPORE groups would likely include pathology, MRI, animals, statistical, cell culture, DNA sequencing, chemical development, etc.

SPOREs could be located within the Frederick campus, the NIH campus, and the new campus.

The Hybrid Model

This model basically keeps all the SPORE attributes for the NCI on-campus research thus maximizing the use of the newly built Clinical Research Center but organizes the off campus research into Centers of Excellence (including all Frederick Campus activities as well as future NCI Cluster)

Results-Based Goals

The situational assessment identified a range of issues that we considered in establishing our goals and strategies. We gauged our existing service levels and crystallized our thinking on operational matters. We developed goals, performance measures, and strategies that will enable us to remain focused on the results we want to achieve. Specific details are included in the tables on the following pages.

July 16, 2001

General Goal 1: Strengthen the Decision-Making and Management Approaches for Space and Facilities Initiatives

Performance Goals			2001 Baseline	2002 Targets	2003 Targets
1. Achieve our punctuated measures (Actions taken to accomplish goal 1 strategies) <ul style="list-style-type: none">The Space Management and Accounting System is implementedAn NCI facilities master plan is developedA comprehensive space and facilities budget/financial picture is developedProcess for tracking and monitoring facility renovation costs is developed and implementedProcess for requesting space is automated and available to NCI decision-makersStandards for space allocations are developedAppropriate delegations of authority for space and facilities are implemented			N/A	100% achievement	
2. Improve NCI decision-making involving space and facilities <ul style="list-style-type: none">Space and facilities decision-making processes are rational and timelyAcceptance of delegated authority and standardsDecisions are consistent with master plan and based on rational (data and economics) factors – OSFM and space/facilities are not seen as a “free good”			A baseline will be developed for these factors	To Be Established	To Be Established
3. Optimize customer satisfaction with our processes and end products – evaluate at end of each project			To Be Developed	To Be Established	To Be Established
Strategies	Potential Obstacles	Actions		Strategy Measures	New Resources
		OSFM Actions	OM Actions		
1. Implement a space management system for tracking space allocations, temporary loans, requests, and future needs	1. Current workload: This is a labor intensive activity (NCI has > 2 million square feet and 6,000 rooms) 2. Working relations with ARCs – OSFM and ARCs do not communicate often enough	1. Inventory and document current space allocations, verifying floor plans 2. Develop and manage space management database 3. Coordinate with ARCs	1. Buy-in from top management (information will need to be kept up-to-date, so this is not a one-time activity)	1. Inventory conducted 2. Database updated 3. Information remains current over time	1. Contractor funds to verify current space allocations (\$50-75K) 2. Software for new database (\$50K); ongoing maintenance \$135K/yr
2. Develop an NCI Facilities Master Plan	1. Current workload 2. Lack of recognition of space requirements for non-FTE personnel	1. Develop policy recognizing that all personnel occupy space, even if contractors, fellows, etc. 2. Work with divisions to understand present and future requirements. Use results to develop master facilities plan.	1. Work with divisions to take holistic look at needs, rather than situation-by-situation	1. Master plan is developed 2. NCI Executive Committee approves master plan	One existing FTE is currently allocated to this support effort \$52K to support facilities plan.

July 16, 2001

Strategies	Potential Obstacles	Actions & Timeframe		Strategy Measures	New Resources
		OSFM Actions	OM Actions		
3. Develop comprehensive space and facilities budget and financial "picture" - include 3 year cost projections for all facility and renovation requirements, including NIH, OSFM, Frederick Campus, Navy Inter-agency agreement, and NCI division data.	<p>1. Historically, budget expenditures for facilities have not been managed in OSFM.</p> <p>2. Resistance from other offices/divisions -- getting others who need to participate to provide data and feel comfortable about OSFM representing their needs</p>	<p>1. Meet with appropriate officials and staff, obtain buy-in regarding goals, and get them to participate in developing the package.</p> <p>2. Meet with OM management and define included items, such as phones and data lines, renovations at \$250K and up, fees, etc; develop a process to collect the data</p> <p>3. Consolidate information, prepare package, analyze results and summarize major issues/opportunities for management attention/action.</p>	1. OM champions the project and helps get buy-in from other offices/divisions	1. Consolidated cost projection/budget covering the period FY 2002 to FY 2004 by X date	<p>IT assistance</p> <p>Contractor support (approximately \$20K)</p> <p>Assign dedicated budget technician to OSFM</p>
4. Implement process for tracking and monitoring facility and renovation costs.	<p>1. Obtaining cost data from various sources involved in space and facilities activities</p> <p>2. Time to develop and implement the system</p> <p>3. Timely release and obligation of funds and ability to continue funding across fiscal years.</p>	<p>1. Develop standard project budgets, identify cost fields, and develop system requirements (i.e. improved budget formulation).</p> <p>2. Develop process to track and monitor project budgets -- identify data sources and develop a process for entering the data in a timely manner (i.e. improved budget execution)</p> <p>3. Recommend and get approval of standardized reports by OM.</p>	1. Resolution of funding issues – i.e. immediate release of funds upon project approval and the smooth distribution of funds across fiscal years	1. An effective comprehensive cost tracking system is implemented by XX date and is used to analyze facility costs, identify problems, and support management decision-making	Resource requirements for contractor support to be determined
5. Rationalize the process for requesting and approving requests for space	<p>1. Obtaining support and agreement from all participants that space requests will come through OSFM</p> <p>2. Getting right information from programs</p> <p>3. Getting approach and budget authorization</p> <p>4. Overcoming perception that space and facilities are free good with unlimited budget</p>	<p>1. Automate the process for requesting space by developing an electronic request form that captures all the information needed to analyze the request; schedule face-to-face meetings, as needed, to discuss the request and make a decision.</p> <p>2. Develop standards for space allocations (i.e. gross assignments and space per person)</p> <p>3. Develop list of appropriate delegated authorities and submit to MAG for review and approval.</p>	1. Endorsement and support of the process and approval delegations of authority	<p>1. Implementation and acceptance of the revised processes and delegations</p> <p>2. More rational decisions</p> <p>3. More awareness of cost implications</p>	

General Goal 2: Deliver state-of-the art facilities on time and within budget and operate them efficiently to conserve resources for research

Performance Goals		2001 Baseline	2002 Targets	2003 Targets	
1. Achieve our punctuated measures (Actions taken to accomplish goal 1 strategies) <ul style="list-style-type: none">SFM/FPB Operations Manual is developedProject scheduling database is implementedQuick response mechanism for outsourcing is in placePerformance-based contracts are routinely usedArchitecture engineering and design standards are developedRoles and responsibilities are clearly defined		N/A	100% achievement		
2. Accomplish project performance measures (Based on final revised schedule & budget) 3. Minimize post-commencement changes 4. Optimize customer satisfaction with our process and end products 5. Maximize customer feedback regarding communication consistency, frequency, reliability, and helpfulness		To Be Developed	90% of projects within 10% schedule and 10% budget	To Be Established	
Strategies	Potential Obstacles	Actions & Timeframe		Strategy Measures	New Resources
		OSFM Actions	OM Actions		
1. Improve on-time performance and consistency of services	a. Changing customer requirements after projects commence b. Lack of consistent procedures c. Lack of adequate swing space d. Requests to deviate from reasonable expenditures e. OSFM “dances to tune of many masters” f. Projects start, stop, then start again	1. Establish basic day-to-day operating procedures within OSFM 2. Develop and maintain realistic project schedules 3. Implement a project scheduling database 4. Develop a quick response mechanism for outsourcing (work with RCB) 5. Develop performance-based contracts 6. Develop facility standards (i.e. standard space allocations and configurations) 7. Develop Architectural Engineering and Design Standards including: <ul style="list-style-type: none">CADD standardsAddendum to NIH policies and guidelines	1. OM support for standard configurations, reasonable limits on requests for non-standard items, and assistance in educating program managers on the costs and effects of redesigns 2. Allocate funds for additional swing space 3. Provide additional delegations to OSFM	Change requests after project starts approved by Board	CADD services (\$125K per year, on-going)

Strategies	Potential Obstacles	Actions & Timeframe		Strategy Measures	New Resources
		OSFM Actions	OM Actions		
2. Improve Customer Communications	<p>a. Roles and responsibilities are not clear</p> <p>b. Communications breakdowns occur – not looking out for “those that are impacted”</p> <p>c. Don’t like giving “bad news”</p> <p>d. OSFM staff is already very busy</p>	<p>1. Define roles and responsibilities among all parties involved in space procurement, construction and renovation. Roles and authorities of the following participants need to be clearly defined: OSFM, OBFM, ARCs, Program Management, and ORS</p> <p>2. Conduct regular meetings with ARCs to discuss issues, potential changes, etc.</p> <p>3. Establish an integrated project team for all space/facility projects; schedule regular meetings and document decisions.</p> <p>4. Better utilize OSFM web-site for information.</p> <p>5. Give customers more formal, realistic written project estimates (like private sector contractors do) that identify steps, risks, concerns, potential bottlenecks, etc. Use to improve dialog.</p> <p>6. Train OSFM staff for improved customer service and better estimation skills.</p>	OSFM must be allowed to have input into the development of the customer satisfaction survey	<p>-Communication improved</p> <p>50% of OSFM staff receive customer service awards</p>	<p>-Funding support to significantly enhance OSFM’s web site so that it serves as an effective communications tool.</p> <p>Staff training to improve estimating skills</p> <p>Staff training to improve customer focus and service</p>

General Goal 3: Position NCI to meet future mission needs for state-of-the-art facilities

Performance Goals		2001 Baseline	2002 Targets	2003 Targets	
1. Punctuated Measures - actions taken to accomplish goal 3 strategies <ul style="list-style-type: none">Internal procedures for full-range of facilities management are developedLong-range space and facilities plan is developed and approvedComprehensive implementation plan is developed and approvedLong-range space and facilities plan is implemented (FY 03-FY 05)New facility arrangements are operational and supported (FY 2005)		N/A	100% achievement		
Strategies	Potential Obstacles	Actions & Timeframe		Strategy Measures	New Resources
		OSFM Actions	OM Actions		
1. Standardize our own internal procedures and refine our decision-making and information support functions so that OSFM is positioned to support expanded facilities.	a. ORS currently handles many aspects of space and facilities and OSFM must be prepared to perform full range of duties and responsibilities	1. Identify additional procedures and processes that will be required as OSFM takes on more responsibility and accountability for full-range space and facilities management		-OSFM is positioned to manage full-scale new facilities	
2. Develop and submit for approval a long-range space and facilities plan for NCI	a. NIH and external politics b. NCI internal politics	1. Analyze alternatives, ranging from stay same, to multiple off-site options, to full-range facility 2. Prepare plan	1. Support and provide input for long-range space and facilities plan 2. Carry out “selling” dimensions of long-range plan	-Perceptions of plan from Dr. K and other decision-makers	\$250K for business plan development and legal advice
3. Develop a comprehensive implementation plan	a. Complexity, scale, and scope b. Handling near-term responsibilities while planning for long-range project	1. Develop business case and illustrate that facilities are an NCI critical business asset and must be leveraged – “eco-system” concept. 2. Develop comprehensive implementation plan	1. Strong support from OM to buffer resistance	-Implementation plan includes all important issues and tasks	Additional resources to address obstacles
4. Implement long-range space and facilities plan	a. Complexity b. Coordination	1. Manage project and associated risk 2. Develop strategy for handling interim responsibilities while implementing new facility.		-Schedule, budget, perceptions of success	Significant resources implications
5. Prepare for and execute strategy for on-going operation of new facility	a. Determining which support options to acquire from NIH and which to contract completely	1. Inventory range of on-going operations and determine how best to provide them – NIH services or self-provided/contracted		-All services available when new facilities open	